

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME

Maziar Movassaghi

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Toxic Substances Control

POSITION

Acting Director

CB/ID NUMBER

NR

DIVISION OR BUREAU

Executive Office

INDEX NUMBER

5000

RESIDENCE ADDRESS:

HEADQUARTERS ADDRESS

1001 | Street

CITY

Sacramento

STATE

CA

ZIP CODE

95814

CLAIM TOTAL	\$169.81
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

[REDACTED]	DATE 4/21/09	[REDACTED]	DATE 4/21/09
[REDACTED]	on reverse)	[REDACTED]	DATE

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Maziar Movassaghi

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5000

RESIDENCE ADDRESS'

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

1001 | Street

CITY _____ STATE _____ ZIP CODE _____

CITY

STATE

ZIP CODE

Sacramento

CA

95814

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with OPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE 5/7/09

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

5/11/04

E and TITLE (See Item 17 on reverse)